



PATIENT

Mr Bigglesworth
Spiotti

SPECIES

Canine

BREED

Pit bull terrier

SEX

MN

AGE

13 years

WEIGHT

33 kg

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM

IMAGING PERFORMED BY

Brent Crutchfield, DVM

HOSPITAL NAME

Treasure Coast Animal
Emergency

REFERRING VET

Dr Cail

INVOICE

303103

DATE

7/6/22

PRESENTING CLINICAL SIGNS

History: Abdominal pain, pancreatitis on blood panel.

Physical Examination: N/A.

Urinalysis: N/A

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness (0.1 cm) and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal proximal urethra and iliac blood vessels.

Normal iliac lymph nodes (1.2 cm). Ureters not visualized.

Normal renal size (left 6.1 cm, right 5.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Bilateral pinpoint mineralization.

Reproductive System

Small hypoechoic prostate (0.9 cm).

Adrenal Glands

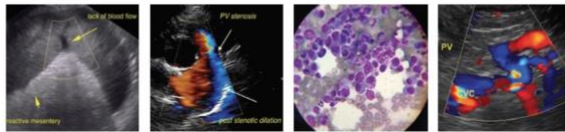
Normal shape, echogenic appearance, position but enlarged. Left 0.9 cm.

Spleen

Normal size and echogenic appearance. Focal mottled echogenic parenchymal nodule (1.6 cm) in the body of the spleen. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. Focal hyperechogenic parenchymal nodule (1 cm) in the right lobe. No masses evident. Full gall bladder containing moderate amount of non-adherent hyperechogenic sediment. Thickened (0.6 cm) and hyperechogenic appearance of the gall bladder wall with surrounding edema. Normal bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.7 cm, duodenum 0.47 cm, jejunum 0.54 cm, colon 0.1 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

Enlarged and irregular with a mottled echogenic appearance and associated hypoechoic mass effect in the left cranial abdomen. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.
- Adrenomegaly.
- Cholecystitis.
- Hepatic and splenic nodules.

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for acute pancreatitis with neoplasia a less likely differential diagnosis.

Etiologies for the adrenomegaly would be age-related, disease stress, and emerging pituitary-dependent Cushing's disease.

The cholecystitis is most likely secondary to the pancreatitis.

Etiologies for the splenic and hepatic nodules would be reactive hyperplasia, granuloma, organized abscessation, and neoplasia.

Further assessment that could be considered would be FNA cytology of the pancreas, spleen, and liver and once the pancreatitis has resolved, adrenal function testing if there are compatible signs of Cushing's disease.

Management would be fluid therapy, opioid and NSAID analgesics, anti-emetics, and feeding a low-fat intestinal diet. A short course of prednisolone (½ mg/kg sid for 3-4 days) has been shown to aid recovery in acute pancreatitis.



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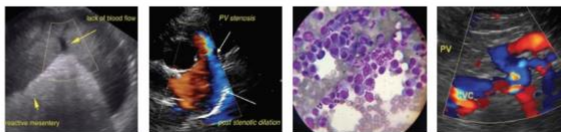
IMAGES

Pancreas



Liver





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Gall bladder



Spleen



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
 rlobetti@mweb.co.za